

## IRS Eligible Expenses (Frequently Asked About)

<b>RX (Prescription)</b>	Yes
<b>Co-payment (Medical)</b>	Yes
<b>Office visit (Medical)</b>	Yes
<b>Dental</b>	Yes
<b>Over-the-counter (OTC)</b> <ul style="list-style-type: none"> <li>As of 1/1/2011 Over-the-counter medicines require a prescription</li> </ul>	Yes, (OTC medicines with prescription)
<b>Vision (for non-cosmetic purposes)</b>	Yes
<b>Psychiatric therapy</b>	Yes
<b>Chiropractic care</b>	Yes
<b>Lab (Medical)</b>	Yes
<b>Orthodontia</b>	Yes
<b>Hospital fees</b>	Yes
<b>X-ray (Medical)</b>	Yes

## IRS Eligible Expenses (Alphabetical)

<b>Acne treatments (Over-the-counter)</b>	Yes (OTC with prescription)
<b>Acupuncture</b>	Yes
<b>Adoption (Medical expenses related to)</b>	Yes
<b>Adoption fees</b>	No
<b>Alcoholism treatment</b>	Yes
<b>Allergy &amp; sinus medicine (Treatments)</b>	Yes (OTC with prescription)
<b>Alternative dietary supplements (For treatment of a medical condition)</b>	Maybe (Letter of Medical Necessity may be required)
<b>Alternative drugs, medicines and treatment products (For treatment of medical condition)</b>	Maybe (Letter of Medical Necessity may be required)
<b>Alternative healers (For treatment of medical condition)</b>	Maybe (Letter of Medical Necessity may be required)
<b>Ambulance and emergency therapy</b>	Yes
<b>Anesthesia (For non-cosmetic purposes)</b>	Yes
<b>Antacid (over-the-counter)</b>	Yes

<b>Antibiotic ointment (over-the-counter)</b>	<b>Yes</b>
<b>Aspirin or other pain reliever (over-the-counter)</b>	<b>Yes, (With prescription)</b>
<b>Asthma medicines or treatments (over -the-counter)</b>	<b>Yes, (With prescription)</b>
<b>Athletic treatments / braces</b>	<b>Yes</b>
<b>Bandages and related items (over-the- counter)</b>	<b>Yes</b>
<b>Birth control (Prescription)</b>	<b>Yes</b>
<b>Blood Pressure Monitor</b>	<b>Yes</b>
<b>Body scans</b>	<b>Yes</b>
<b>Braille books and magazines (Difference in cost only)</b>	<b>Maybe</b>
<b>Breastfeeding Classes</b>	<b>No</b>
<b>Brest Pump &amp; Supplies</b>	<b>Yes</b>
<b>Breast Reconstruction Surgery (Following mastectomy)</b>	<b>Maybe</b>
<b>COBRA premiums (Dental)</b>	<b>No (May vary based on plan type)</b>
<b>COBRA premiums (Medical)</b>	<b>No (May vary based on plan type)</b>
<b>COBRA premiums (Other)</b>	<b>No (May vary based on plan type)</b>
<b>COBRA premiums (Prescription)</b>	<b>No (May vary based on plan type)</b>
<b>COBRA premiums (Vision)</b>	<b>No (May vary based on plan type)</b>
<b>Cancer insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Canker &amp; cold sore treatments (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Car modifications (As required for a medical condition diagnosed by a licensed health care professional)</b>	<b>Maybe</b>
<b>Chest rubs (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Child or newborn care instruction</b>	<b>No</b>
<b>Childbirth classes</b>	<b>Yes</b>
<b>Chiropractic office visits or treatment</b>	<b>Yes</b>
<b>Christian science practitioners</b>	<b>Yes</b>
<b>Cholesterol test kits and supplies</b>	<b>Yes</b>
<b>Co-insurance (Dental)</b>	<b>Yes</b>
<b>Co-insurance (Medical)</b>	<b>Yes</b>
<b>Co-insurance (Prescription)</b>	<b>Yes</b>

<b>Co-insurance (Vision)</b>	<b>Yes</b>
<b>Co-payment (Dental)</b>	<b>Yes</b>
<b>Co-payment (Medical)</b>	<b>Yes</b>
<b>Co-payment (Prescription)</b>	<b>Yes</b>
<b>Co-payment (Vision)</b>	<b>Yes</b>
<b>Cold &amp; flu medicine (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Cold cream (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Compression or anti-embolism socks, stockings or hose</b>	<b>Yes</b>
<b>Concierge medical fees (Billed for actual services received)</b>	<b>Yes</b>
<b>Concierge medical fees (Billed for future availability of services, with no services actually received)</b>	<b>No</b>
<b>Condoms and spermicidal</b>	<b>Yes</b>
<b>Contact lenses, cleaning solutions, etc.</b>	<b>Yes</b>
<b>Contraceptives (Prescription)</b>	<b>Yes</b>
<b>Cord blood storage (For future treatment of a birth defect or known medical condition)</b>	<b>Maybe</b>
<b>Cord blood storage (For unidentified future use)</b>	<b>No</b>
<b>Corn and callus remover (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Corneal keratotomy</b>	<b>Yes</b>
<b>Cosmetic procedures or surgery</b>	<b>No</b>
<b>Cough drops &amp; sore throat lozenges (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Cough syrup (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Counseling (For treatment of a medical condition)</b>	<b>Yes</b>
<b>CPR classes (Adult or child)</b>	<b>No</b>
<b>Crutches, canes, walkers or like equipment (Purchase or rental)</b>	<b>Yes</b>
<b>Dancing lessons (For treatment of a medical condition)</b>	<b>Maybe</b>
<b>Deductible for dental plan</b>	<b>Yes</b>
<b>Deductible for medical plan</b>	<b>Yes</b>
<b>Deductible for prescription plan</b>	<b>Yes</b>

<b>Deductible for vision plan</b>	<b>Yes</b>
<b>Dental care (For non-cosmetic purposes, including sealants)</b>	<b>Yes</b>
<b>Dental co-insurance</b>	<b>Yes</b>
<b>Dental co-payment</b>	<b>Yes</b>
<b>Dental insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Dental plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Dental products (For treatment of a dental condition and/or general health)</b>	<b>No</b>
<b>Dental reconstruction (Including implants)</b>	<b>Yes</b>
<b>Dental veneers</b>	<b>Maybe</b>
<b>Dentures, bridges, etc.</b>	<b>Yes</b>
<b>Diabetics monitors, test kits, strips and supplies</b>	<b>Yes</b>
<b>Diagnostic services</b>	<b>Yes</b>
<b>Diaper rash ointments and creams (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Diapers and diaper services</b>	<b>No</b>
<b>Dietary supplements (For treatment of a medical condition)</b>	<b>Maybe</b>
<b>Doula or birthing coach</b>	<b>No</b>
<b>Drug addiction treatment</b>	<b>Yes</b>
<b>Drugs (Experimental or imported)</b>	<b>No</b>
<b>Drugs (prescription)</b>	<b>Yes</b>
<b>Dyslexia treatment</b>	<b>Yes</b>
<b>Ear drops &amp; wax removal (over-the-counter)</b>	<b>Yes</b>
<b>Educational classes or tuition</b>	<b>No</b>
<b>Electrolysis</b>	<b>No</b>
<b>Emergency kits (Over-the-counter)</b>	<b>No</b>
<b>Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed health care professional)</b>	<b>Maybe</b>
<b>Eye examinations</b>	<b>Yes</b>
<b>Eye related equipment/materials</b>	<b>Yes</b>
<b>Eye surgery or treatment to correct vision</b>	<b>Yes</b>

<b>Eyeglasses (over-the-counter)</b>	<b>Yes</b>
<b>Eyeglasses (prescription)</b>	<b>Yes</b>
<b>Face lifts</b>	<b>No</b>
<b>Feminine hygiene products</b>	<b>No</b>
<b>Fertility monitor (over-the-counter)</b>	<b>Yes</b>
<b>Fertility treatment (for employee, spouse or dependent)</b>	<b>Yes</b>
<b>Fertility treatment (for non-dependent surrogate)</b>	<b>No</b>
<b>First aid kits (over-the-counter)</b>	<b>Yes</b>
<b>Fitness programs (as treatment for a medical condition diagnosed by a licensed health care professional)</b>	<b>Maybe</b>
<b>Flu shots</b>	<b>Yes</b>
<b>Funeral expenses</b>	<b>No</b>
<b>Gastrointestinal medication (over-the-counter)</b>	<b>Yes</b>
<b>Guide dog (dog, training, care)</b>	<b>Yes</b>
<b>Hair re-growth products</b>	<b>No</b>
<b>Hair removal</b>	<b>No</b>
<b>Hair transplant</b>	<b>No</b>
<b>Hair treatments</b>	<b>No</b>
<b>Hand lotion (over-the-counter)</b>	<b>No</b>
<b>Health club dues (as treatment for a medical condition diagnosed by a licensed health care professional)</b>	<b>Maybe</b>
<b>Health insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Health plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Health savings account (HSA) Contributions</b>	<b>No</b>
<b>Hearing aids and batteries</b>	<b>Yes</b>
<b>Herbal or homeopathic medicines (over-the-counter)</b>	<b>No</b>
<b>Home improvements (as required for a medical condition diagnosed by a licensed health care professional)</b>	<b>Maybe</b>
<b>Hospital insurance premiums</b>	<b>No (May vary based on plan type)</b>

<b>Hospital services and fees</b>	<b>Yes</b>
<b>Household help</b>	<b>No</b>
<b>Humidifier, air filter and supplies</b>	<b>Maybe</b>
<b>Illegal operations or substances</b>	<b>No</b>
<b>Immunizations</b>	<b>Yes</b>
<b>Incontinence supplies</b>	<b>Yes</b>
<b>Individual dental insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual dental plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual medical insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual medical plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual prescription insurance Premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual prescription plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual vision insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Individual vision plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Infertility treatment (for employee, spouse or dependent)</b>	<b>Yes</b>
<b>Insulin, testing materials and supplies</b>	<b>Yes</b>
<b>Insurance or health insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Insurance or health plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Laboratory fees</b>	<b>Yes</b>
<b>Lactose intolerance (over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Lamaze classes</b>	<b>Yes</b>
<b>Laser eye surgery</b>	<b>Yes</b>
<b>Lasik</b>	<b>Yes</b>
<b>Late payment fees charged by health care provider</b>	<b>No</b>
<b>Laxatives (over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Learning disability treatments</b>	<b>Yes</b>
<b>Lice treatment (over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Listening therapy</b>	<b>Yes</b>
<b>Lodging (essential to receive medical care)</b>	<b>Maybe</b>
<b>Long term care premiums (up to IRS tax-free)</b>	<b>No (May vary based on plan type)</b>

<b>limit, see IRS Publication 502)</b>	
<b>Long term care services</b>	<b>No</b>
<b>Long term disability insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Magnetic therapy (over-the-counter)</b>	<b>No</b>
<b>Marriage counseling</b>	<b>No</b>
<b>Massage therapy (for treatment of a medical condition)</b>	<b>Maybe</b>
<b>Mastectomy-related special bras</b>	<b>Yes</b>
<b>Maternity clothes</b>	<b>No</b>
<b>Medical abortion</b>	<b>Yes</b>
<b>Medical co-insurance</b>	<b>Yes</b>
<b>Medical co-payment</b>	<b>Yes</b>
<b>Medical equipment (for treatment of medical condition) and repairs</b>	<b>Yes</b>
<b>Medical insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Medical plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Medical literature, books, pamphlets or Audio</b>	<b>No</b>
<b>Medical monitoring and testing devices</b>	<b>Yes</b>
<b>Medical records charges</b>	<b>Yes</b>
<b>Medical savings account (MSA) Contributions</b>	<b>No</b>
<b>Medical supplies (for treatment of a medical condition)</b>	<b>Yes</b>
<b>Medicare alternative insurance or plan Premiums</b>	<b>No (May vary based on plan type)</b>
<b>Medicare Part B insurance</b>	<b>No</b>
<b>Medicare Part B premiums</b>	<b>No (May vary based on plan type)</b>
<b>Medicare alternative insurance premiums (vs. Part A &amp; Part B)</b>	<b>No (May vary based on plan type)</b>
<b>Medicare alternative plan premiums (vs. Part A &amp; Part B)</b>	<b>No (May vary based on plan type)</b>
<b>Medicare supplement policy premiums</b>	<b>No (May vary based on plan type)</b>
<b>Medicines (over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Medicines (prescription)</b>	<b>Yes</b>

<b>Midwife</b>	<b>Yes</b>
<b>Mileage (for travel to / from eligible health care)</b> <ul style="list-style-type: none"> <li>• Dates of service after 7/1/2011 reimbursement: \$0.235/per mile</li> <li>• Dates of service after 1/1/2010 reimbursement: \$0.165/per mile.</li> </ul>	<b>Yes</b>
<b>Modified equipment (difference in cost only)</b>	<b>Maybe</b>
<b>Monitors &amp; test kits (Over-the-counter)</b>	<b>Yes</b>
<b>Motion &amp; nausea</b>	<b>Yes</b>
<b>Nasal sprays (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Nasal strips (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>No show fees charged by health care Provider</b>	<b>No</b>
<b>Non-prescription drugs and medicines (for non-cosmetic purposes)</b>	<b>Yes</b>
<b>Norplant insertion or removal</b>	<b>Yes</b>
<b>Nursing services (wages and taxes)</b>	<b>Yes</b>
<b>Nutritional supplements (for treatment of a medical condition)</b>	<b>Maybe</b>
<b>OB/GYN fees</b>	<b>Yes</b>
<b>Occlusal guards to prevent teeth Grinding</b>	<b>Yes</b>
<b>Occupational therapy (related to a medical condition or disability)</b>	<b>Yes</b>
<b>Office visits (Chiropractic)</b>	<b>Yes</b>
<b>Office visits (Dental)</b>	<b>Yes</b>
<b>Office visits (medical)</b>	<b>Yes</b>
<b>Office visits (Psychiatric therapy)</b>	<b>Yes</b>
<b>Office visits (Vision)</b>	<b>Yes</b>
<b>Operations (For non-cosmetic purposes)</b>	<b>Yes</b>
<b>Optometrist/Ophthalmologist fees</b>	<b>Yes</b>
<b>Oral care (Over-the-counter)</b>	<b>No</b>
<b>Organ transplants (recipient and donor)</b>	<b>Yes</b>
<b>Orthotics</b>	<b>Yes</b>

<b>Ortho Keratotomy</b>	<b>Yes</b>
<b>Orthodontia (Braces and retainers)</b>	<b>Yes</b>
<b>Orthopedic and surgical supports</b>	<b>Yes</b>
<b>Orthopedic shoes and inserts (Difference in cost only of specialized orthopedic shoe over like non-specialized shoe)</b>	<b>Maybe</b>
<b>Over-the-counter acne treatments</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter allergy &amp; sinus medicine</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter antacid</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter antibiotic ointment</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter aspirin or other pain reliever</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter asthma medicines or treatments</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter bandages and related items</b>	<b>Yes</b>
<b>Over-the-counter canker &amp; cold sore treatments</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter chest rubs</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter cold &amp; flu medicine</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter cold &amp; flu prevention</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter cold cream</b>	<b>No</b>
<b>Over-the counter cough drops &amp; sore throat lozenges</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter cough syrup</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter medication (Including for motion sickness, sleep aids, and sedatives)</b>	<b>Yes (With prescription)</b>
<b>Over-the-counter dental, oral and teething pain</b>	<b>Yes (With prescription)</b>
<b>Ovulation monitor (over-the-counter)</b>	<b>Yes</b>
<b>Oxygen</b>	<b>Yes</b>
<b>Pain reliever (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Parental fees (Billed for actual services received, charged by the state of Minnesota for disabled children)</b>	<b>Yes</b>
<b>Parental fees (Billed for future availability of services, with no services actually received, charged by the state of Minnesota for disabled children)</b>	<b>No</b>
<b>Personal use items (Toothbrush, toothpaste, etc.)</b>	<b>No</b>

<b>Physical exams</b>	<b>Yes</b>
<b>Physical therapy</b>	<b>Yes</b>
<b>Physician retainer fee (For on-call or concierge services)</b>	<b>No</b>
<b>Pregnancy tests</b>	<b>Yes</b>
<b>Prescription co-insurance</b>	<b>Yes</b>
<b>Prescription co-payment</b>	<b>Yes</b>
<b>Prescription drugs (For non-cosmetic purposes)</b>	<b>Yes</b>
<b>Prescription drugs for cosmetic purposes</b>	<b>No</b>
<b>Prescription drugs for hair re-growth</b>	<b>No</b>
<b>Prescription insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Prescription plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Propecia (For treatment of a medical condition)</b>	<b>Maybe</b>
<b>Prosthesis</b>	<b>Yes</b>
<b>Psychiatric care</b>	<b>Yes</b>
<b>Psychoanalysis</b>	<b>Yes</b>
<b>Psychologist fees</b>	<b>Yes</b>
<b>Radial keratotomy (RK)</b>	<b>Yes</b>
<b>Reading glasses (Over-the-counter)</b>	<b>Yes</b>
<b>Reconstructive surgery (Following accident or medical procedure or condition)</b>	<b>Maybe</b>
<b>Removal of benign mole, cyst or tumor</b>	<b>Yes</b>
<b>Retainer fee (To physician for on-call or concierge services)</b>	<b>No</b>
<b>Retin-A (For non-cosmetic purposes)</b>	<b>Maybe</b>
<b>Rogaine or other hair re-growth medications (even if prescribed)</b>	<b>No</b>
<b>Sales tax, shipping and handling fees (For any eligible expense)</b>	<b>Yes</b>
<b>Smoking cessation (Programs/counseling)</b>	<b>Yes</b>
<b>Smoking cessation drugs (Prescribed)</b>	<b>Yes</b>
<b>Smoking cessation gum or patches (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Special equipment</b>	<b>Maybe</b>
<b>Special foods (Gluten-free, salt-free or other for treatment of a medical condition, difference in</b>	<b>Maybe</b>

<b>cost only)</b>	
<b>Special school (For mental and physical disabilities)</b>	<b>Maybe</b>
<b>Speech therapy</b>	<b>Yes</b>
<b>Sterilization</b>	<b>Yes</b>
<b>Student health fees for dental services (No services actually received; billed for future availability of services)</b>	<b>No</b>
<b>Student health fees for dental services (Billed for actual services received)</b>	<b>Yes</b>
<b>Student health fees for medical services (No services actually received, billed for future availability of service)</b>	<b>No</b>
<b>Student health fees for medical services (Billed for actual services received)</b>	<b>Yes</b>
<b>Student health fees for prescription services (No services actually received, billed for future availability of service)</b>	<b>No</b>
<b>Student health fees for prescription services (Billed for actual services received)</b>	<b>Yes</b>
<b>Student health fees for vision services (No services actually received, billed for future availability of service)</b>	<b>No</b>
<b>Student health fees for vision services (Billed for actual services received)</b>	<b>Yes</b>
<b>Sunglasses (Over-the-counter)</b>	<b>No</b>
<b>Sunglasses (Prescription)</b>	<b>Yes</b>
<b>Sunscreen with SPF&lt;30 or suntan lotion (Over-the-counter)</b>	<b>No</b>
<b>Sunscreen with SPF 30+</b>	<b>Yes</b>
<b>Sunburn creams and ointments (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Supplies (For treatment of a medical condition)</b>	<b>Yes</b>
<b>Surgery (For non-cosmetic purposes)</b>	<b>Yes</b>
<b>Swimming lessons (For treatment of a medical condition)</b>	<b>Maybe</b>
<b>Teeth bleaching or whitening</b>	<b>No</b>

<b>Teeth grinding prevention devices</b>	<b>Yes</b>
<b>Therapy (For treatment of a medical condition)</b>	<b>Yes</b>
<b>Toothache and teething pain reliever (Over-the-Counter)</b>	<b>Yes</b>
<b>Toothpaste, toothbrush, floss</b>	<b>No</b>
<b>Transgender treatments/surgery</b>	<b>No</b>
<b>Transportation, parking and related travel expenses (Essential to receive eligible care)</b>	<b>Yes</b>
<b>Tubal ligation</b>	<b>Yes</b>
<b>Tuition or education classes</b>	<b>No</b>
<b>Urological products</b>	<b>Yes</b>
<b>UV protection clothing</b>	<b>No</b>
<b>Vaccinations</b>	<b>Yes</b>
<b>Varicose vein removal surgery</b>	<b>Yes</b>
<b>Vasectomy</b>	<b>Yes</b>
<b>Viagra and similar prescription medications</b>	<b>Yes</b>
<b>Vision co-insurance</b>	<b>Yes</b>
<b>Vision co-payment</b>	<b>Yes</b>
<b>Vision insurance premiums</b>	<b>No (May vary based on plan type)</b>
<b>Vision plan premiums</b>	<b>No (May vary based on plan type)</b>
<b>Vitamins (Over-the-counter, for general health purposes)</b>	<b>No</b>
<b>Vitamins (Prescription)</b>	<b>Yes</b>
<b>Walking aids (Canes, walkers, crutches, and related supplies)</b>	<b>Yes</b>
<b>Warranties or other charges for future anticipated services (With non actually received)</b>	<b>No</b>
<b>Wart removal treatments (Over-the-counter)</b>	<b>Yes (With prescription)</b>
<b>Weight loss counseling</b>	<b>Maybe</b>
<b>Weight loss foods</b>	<b>No</b>
<b>Weight loss program (To improve or maintain general health)</b>	<b>No</b>
<b>Weight loss programs or drugs (For treatment of a medical condition)</b>	<b>Maybe</b>
<b>Wheelchair and repairs</b>	<b>Yes</b>



<b>Wound care (Over-the-counter bandages, band aids, etc.)</b>	<b>Yes</b>
<b>X-ray fees (Dental)</b>	<b>Yes</b>
<b>X-ray fees (Medical)</b>	<b>Yes</b>

